

Please type a plus sign (+) inside this box →



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

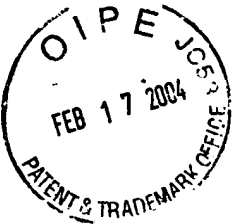
<b>TRANSMITTAL</b>  <b>FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/761,879
	Conf. No.	
	Filing Date	01/21/04
	First Named Inventor	Bishara, et al.
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number MP0302

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Application Data Sheet, Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Richard A. Dunning, Jr.
Signature	
Date	2/13/04

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO BOX 1450, Alexandria VA 22313-1450 on this date: 2-13-04			
Type or printed name	Diane M. Dunning		
Signature		Date	2-13-04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.



# INVENTOR INFORMATION

Inventor Authority Type:: INV  
Primary Citizenship Country:: IL  
Status:: Full Capacity  
Given Name:: Nafea  
Family Name:: Bishara  
Name Suffix::  
City of Residence:: San Jose  
State or Prov. Of Residence:: CA  
Country of Residence:: US  
Street:: 4242 Cosenza Loop  
San Jose, 95134  
Street::  
City:: San Jose  
State or Province:: CA  
Country:: US  
Postal or Zip Code:: 95134

Inventor Authority Type:: INV  
Primary Citizenship Country:: IL  
Status:: Full Capacity  
Given Name:: Tsahi  
Family Name:: Daniel  
Name Suffix::  
City of Residence:: Tel-Aviv  
State or Prov. Of Residence:: ISRAEL  
Country of Residence::  
Street:: 16 Ben-Saruk St.  
Street::  
City:: Tel-Aviv  
State or Province:: ISRAEL  
Country::  
Postal or Zip Code:: 62969

Inventor Authority Type:: INV  
 Primary Citizenship Country::  
 Status:: Full Capacity  
 City of Residence:: D.N. Bikat Beit Hakerem  
 State or Prov. Of Residence::  
 Country of Residence:: IL  
 Given Name:: David  
 Family Name:: Melman  
 Name Suffix::  
 Street:: Halutz  
 Street:: DAVID HAS DUAL CITIZENSHIP: IL and USA  
 City:: D.N. Bikat Beit Hakerem  
 State or Province::  
 Country:: IL  
 Postal or Zip Code:: 25129

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23624  
 Phone number:: (408) 222 2500  
 Fax number:: (408) 752-9034  
 E-Mail address:: Janofsky@marvell.com

#### APPLICATION INFORMATION

Subject Matter:: Utility  
 Title::Efficient Host-Controller Address Learning in Ethernet  
 Switches  
 Attorney Docket Number:: MP0302  
 Request for Early Publication:: No  
 Request for Non-Publication:: Yes  
 Total Drawing Sheets:: 4  
 Small Entity?:: No  
 Secrecy Order in Parent Appl.?:: No  
 Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
---------------	-------------------	--------	---------------



		Application::	Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/457262	March 24 2003

REPRESENTATIVE INFORMATION

Representative Customer Number::		
23624		

Assignee Information

Assignee Name:: Marvell International Ltd.

Street:: Argyle House, 41A Cedar Avenue

City:: Hamilton HM12

Country:: Bermuda